



# ST. PIUS V EXTRAORDINARY MINISTER OF HOLY COMMUNION APPLICATION

DATE: \_\_\_\_\_

NAME / NOMBRE: \_\_\_\_\_

ADDRESS / DIRRECCIÓN: \_\_\_\_\_

CITY / CIUDAD: \_\_\_\_\_ ZIP / ZONA POSTAL: \_\_\_\_\_

TELEPHONE-HOME / TELEFONO- SU CASA: \_\_\_\_\_

TELEPHONE-WORK / TELEFONO-TRABAJO: \_\_\_\_\_

CELL PHONE: / TELEFONO CELULAR: \_\_\_\_\_

MASSES PREFERRED: \_\_\_\_\_ EMHC TO THE SICK: \_\_\_YES \_\_\_NO

NAME OF SPOUSE / NOMBRE DE ESPOSO/A: \_\_\_\_\_

EMAIL ADDRESS/ INTERNET: \_\_\_\_\_

DATE OF BIRTH / FECHA DE NACIMIENTO: MONTH / MEZ: \_\_\_\_\_ DAY / DIA: \_\_\_\_\_

BAPTISM/BAUTISMO: YES / SI \_\_\_ NO \_\_\_ CONFIRMATION: YES / SI \_\_\_ NO \_\_\_

FIRST COMMUNION / PRIMERA COMUNIÓN: YES / SI \_\_\_ NO \_\_\_

MARRIED IN THE CATHOLIC CHURCH / SE CASADO EN LA IGLESIA CATÓLICA? YES / SI \_\_\_ NO \_\_\_

***I attest that I am a practicing Catholic in good standing and have been baptized, received Holy Communion and Confirmation and (if applicable) married according to the Roman Catholic Rite.***

\_\_\_\_\_  
*Signature of Applicant/ La Firma*

\_\_\_\_\_  
*Date/Fesha*

OR

Please return to Wendy Hart Thank Y

Por favor, envíe a Wendy en la oficina de la parroquia. Gracias.